



Webinar title: *Minorities and HIV: Differences and Disparities*

Webinar date / time: Friday, April 12, 2019, 12:30 – 1:30 p.m.

[Register for webinar here](#)

Welcome Remarks - **Dr. Noel Brathwaite**, Director, Office of Minority Health and Health Disparities, Maryland Department of Health

Moderator: **Ravinia Hayes-Cozier**, Program Director, Ryan White Part A Administrative Agent, Prince Georges County Health Department

Topics and Panelists:

Syndemic and HIV among Men Who Have Sex with Men (MSM): **John Benton Denny**, Social Media Curator at Baltimore City Health Department

Social Determinants of Health among Adults with Diagnosed HIV: **Melanie Reese**, Executive Director, Older Women Embracing Life, Inc

Minority and HIV in Maryland: **Veronica Hart**, Epidemiologist
Center for HIV Surveillance, Epidemiology and Evaluation, Maryland Department of Health

MARYLAND
Department of Health

Minorities & HIV Disparities in Maryland

Veronica Hart

Prevention and Health Promotion Administration

Center for HIV Surveillance, Epidemiology and Evaluation

April 12, 2019

MISSION AND VISION

MISSION

The mission of the Prevention and Health Promotion Administration is to protect, promote and improve the health and well-being of all Marylanders and their families through provision of public health leadership and through community-based public health efforts in partnership with local health departments, providers, community based organizations, and public and private sector agencies, giving special attention to at-risk and vulnerable populations.

VISION

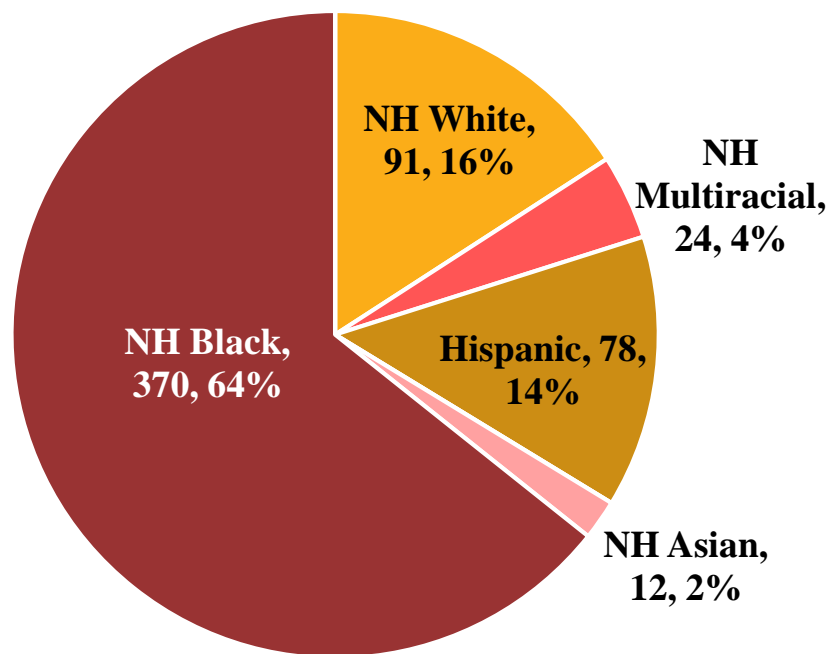
The Prevention and Health Promotion Administration envisions a future in which all Marylanders and their families enjoy optimal health and well-being.

Minorities & HIV Disparities in Maryland

**People Living with Diagnosed HIV with an
Estimated Exposure Category of MSM and
MSM/IDU**

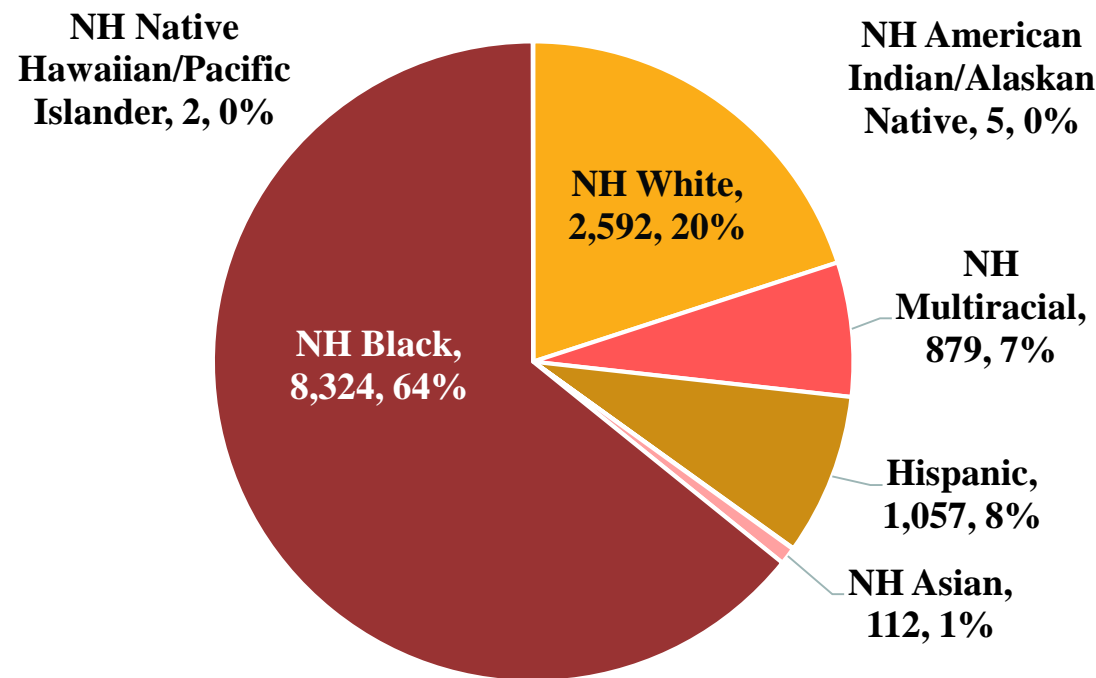
HIV Diagnoses, 2017, & Persons Living with HIV as of 12/31/2017, by Race/Ethnicity

Of the 1,040 HIV adult/adolescent diagnoses in Maryland in 2017, 560 (53.8%) were among men who have sex with men and 16 (1.5%) were among men who have sex with men and use intravenous drugs.



N = 576

Of the 30,566 adult/adolescent people living with HIV, as of 12/31/2017, 11,814 (39.2%) were among men who have sex with men and 1,157 (3.8%) were among men who have sex with men and use intravenous drugs.

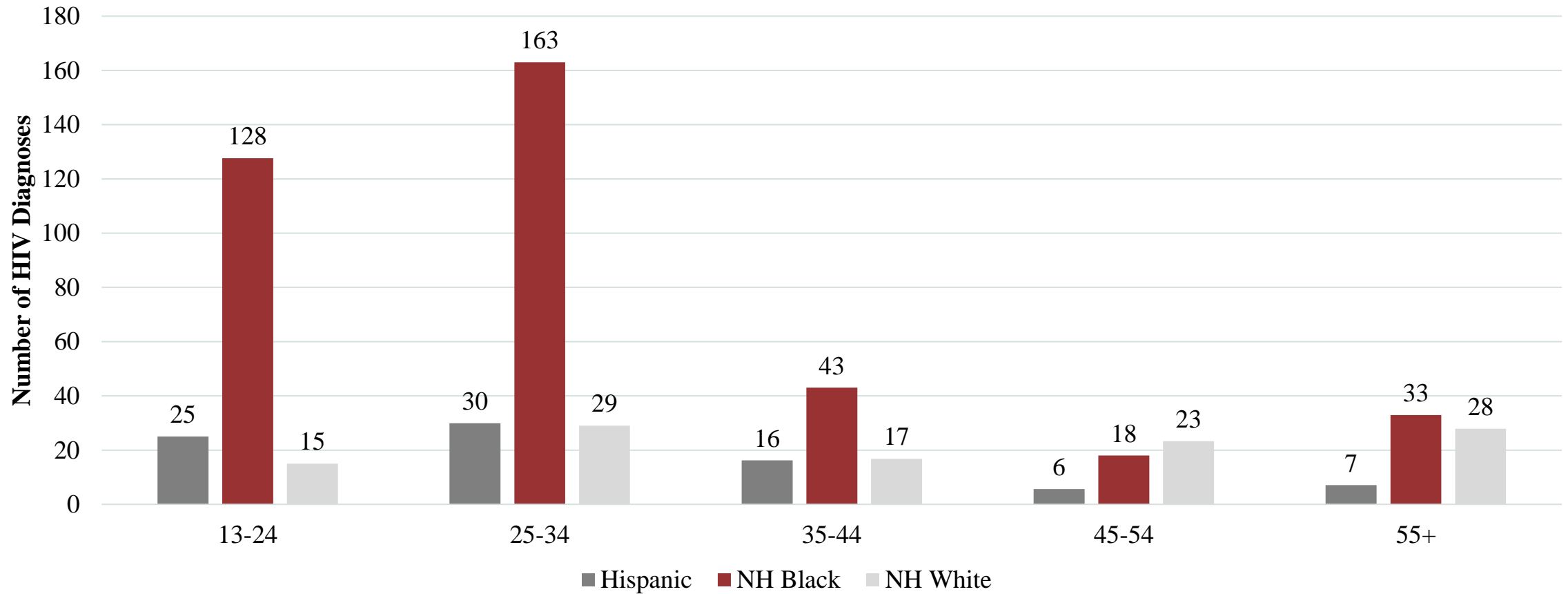


N = 12,970

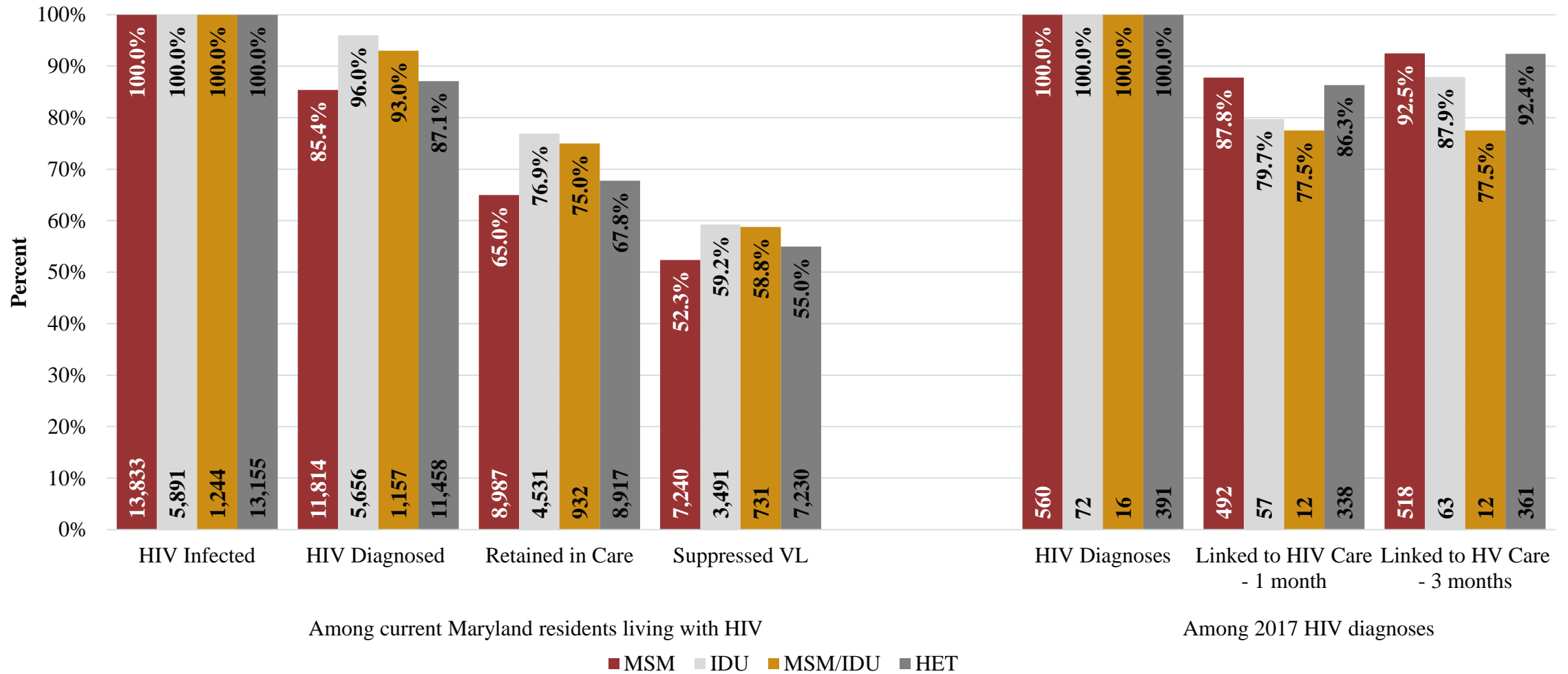
5 Using data as reported through 6/30/2018 on adults and adolescents (13+)
Multiple imputation was used to estimate and adjust for missing transmission category

MSM & MSM/IDU

2017 HIV Diagnoses by Age at Diagnosis and Race/Ethnicity



Prevalence-Based Estimated 2017 HIV Continuum of Care for Persons Living with HIV, as of 12/31/2017

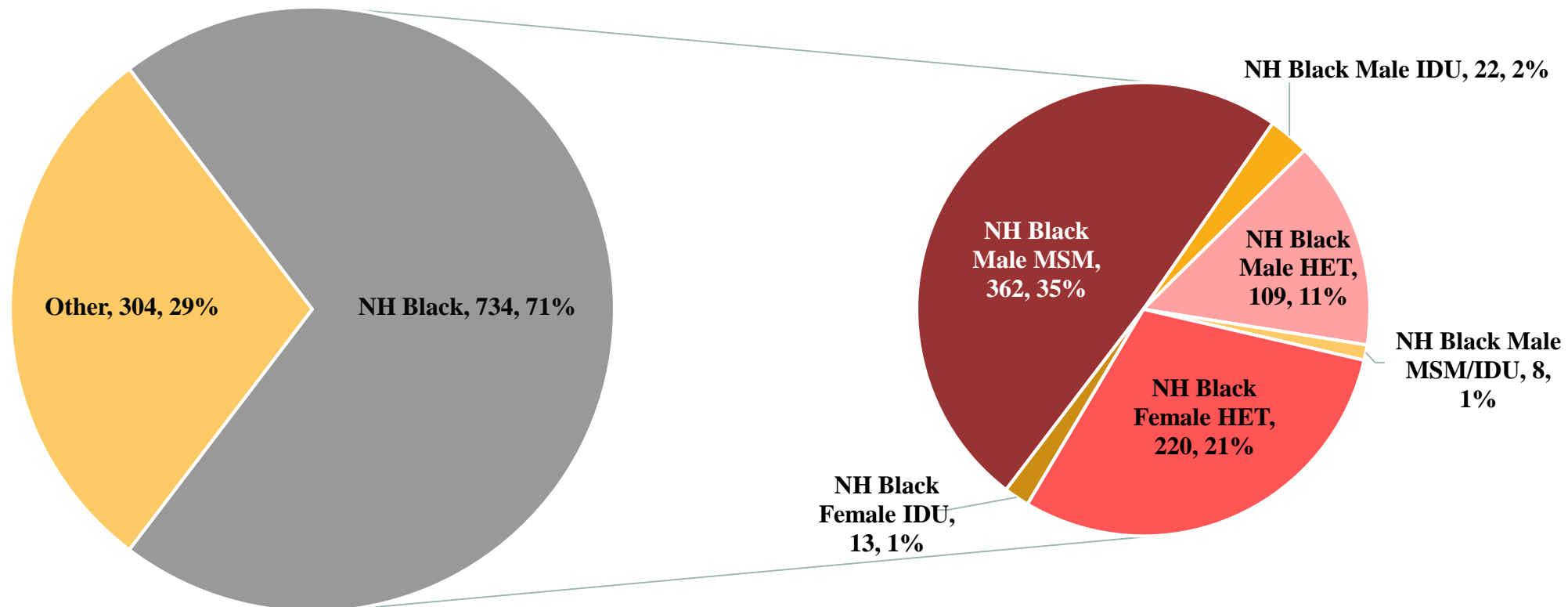


Minorities & HIV Disparities in Maryland

NH Black People Living with Diagnosed HIV

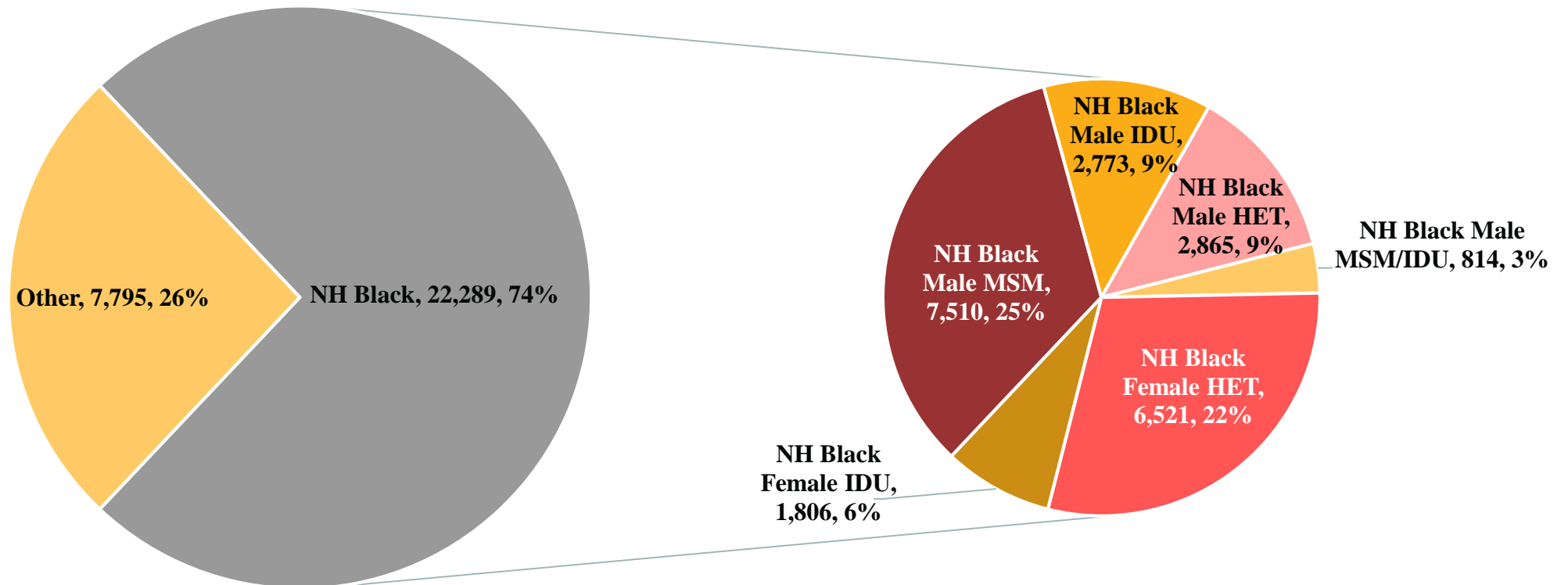
HIV Diagnoses, 2017, by Estimated Exposure Category

- Of the 1,040 HIV adult/adolescent diagnoses in Maryland in 2017, 736 (70.8%) were among NH Blacks.

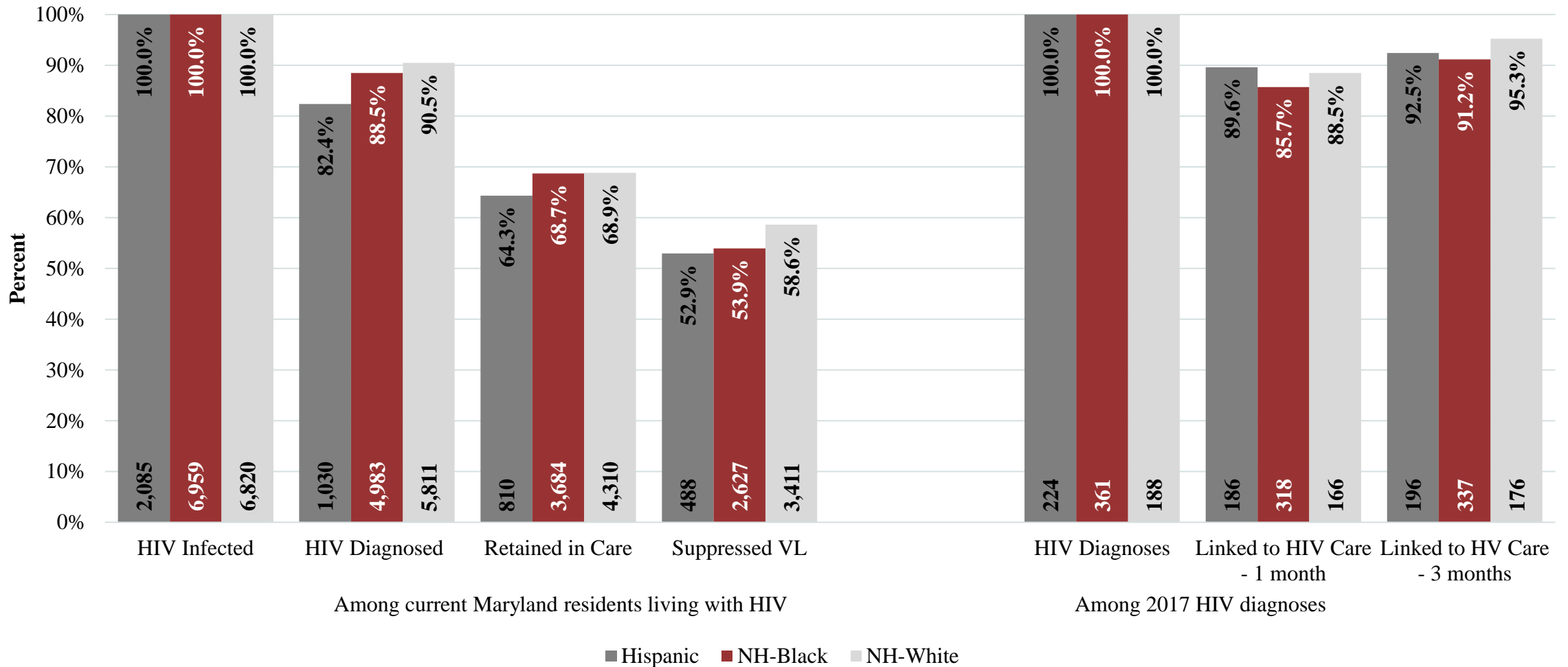


Persons Living with Diagnosed HIV, as of 12/31/2017, by Estimated Exposure Category

- Of the 30,566 adult/adolescent people living with HIV, as of 12/31/2017, 22,683 (74.2%) were among NH Blacks.



Prevalence-Based Estimated 2017 HIV Continuum of Care for Persons Living with HIV, as of 12/31/2017



Minorities & HIV Disparities in Maryland

National HIV/AIDS Strategy (NHAS)

Maryland Indicator Progress

	Baseline (2010)	2017*	Goal (2020)
Reduce disparities in the rate of new diagnoses by at least 15 percent in the following groups:			
Gay and bisexual men	12.9	15.5	10.9
Young Black gay and bisexual men	54.0	71.5	45.9
Black females	1.1	0.7	0.9
Increase the percentage of persons with diagnosed HIV infection who are virally suppressed to at least 80 percent in the following groups:			
Youth	17.9%	47.5%	80.0%
Persons who inject drugs	38.9%	61.6%	80.0%

Additional Resources

- **HIV Epidemiological Products:**

- <https://phpa.health.maryland.gov/OIDEOR/CHSE/Pages/statistics.aspx>

- NHAS Progress Report
 - Annual HIV Epidemiological Profiles
 - Quarterly Updates
 - Fact Sheets
 - Maps

- Contact mdh.hivdatarequest@maryland.gov for data not included in regular products or on website



**Maryland Department of Health
Prevention and Health Promotion Administration**

<https://phpa.health.maryland.gov>

Syndemic and HIV Among Same Gender Loving Men: Under the scope of Transmedia

John Benton-Denny

Social Media Curator

Social Innovation Department

The Baltimore City Health Department




Bernard C. "Jack" Young

Mayor, Ex Officio

Letitia Dzirasa, M.D.

Acting Commissioner of Health, Baltimore City

@Bmore_Healthy 

BaltimoreHealth 

health.baltimorecity.gov

Baltimore in conversation

Here is where holistic health, addressing medical mistrust and social action collide to inspire a stigma free Baltimore, and cultivate effective connections.



Bernard C. "Jack" Young,
Mayor Ex Officio, Baltimore City
Letitia Dzirasa, M.D.
Acting Commissioner of Health, Baltimore City

Understanding who we are working with.

- We want to inspire the Baltimore City community, not tell them what they need to do
- We want to uplift, not remind them where systems have placed them
- We want to cultivate success stories and inspire a stigma free Baltimore



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Transparency

- Calling “it” out... whatever “it” may be



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Storytelling

- Providing a platform for people of the community to share their experience and battle medical mistrust , inspire holistic health and 100% own their truth.



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What do we use?

- Social Media
 - Facebook
 - Instagram
 - Twitter



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Experiences and Lessons learned

- Allow people of the community tell you what they need.
- Be 100% committed to the work. Go back and share the results



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The Community and PrEP

Meet people where they are



Personal Connections

- Working in my community has been an eye opening experience.



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Social Determinants of Health among Adults with Diagnosed HIV

Melanie Reese

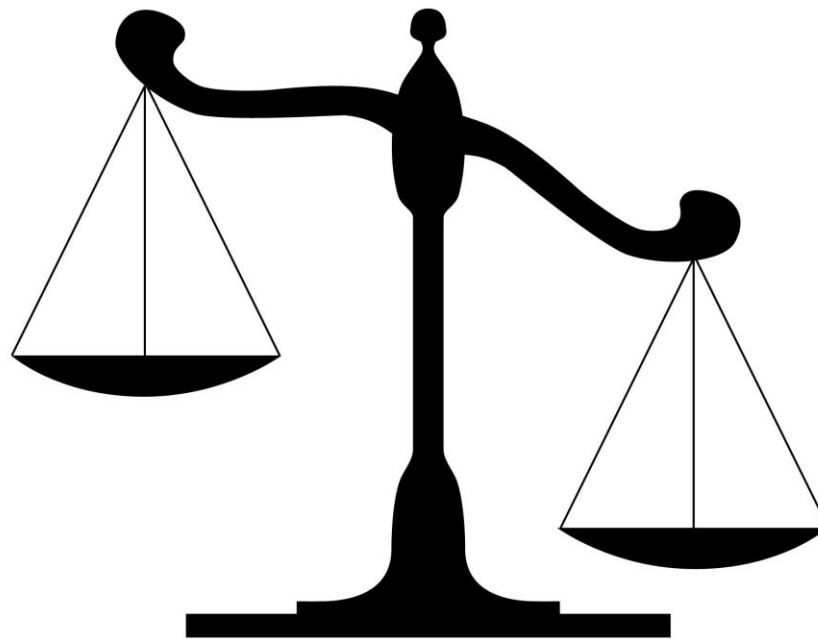
Older Women Embracing Life, Inc

April 12, 2019

Social Determinants of Health among Adults with Diagnosed HIV



Health Inequities





Health Disparities Social Determinants

- Are unfair but **AVOIDABLE!**
- They impact health status across different socio-economic groups in society, usually the result of from uneven distribution of social and environmental determinants; the differential access to resources such as education, employment, housing, health services, different levels of participation in society and different levels of control over life,
- It is well recognized that differences in health status at a populations level are closely linked to **social determinants of health**. Social and Environmental determinants of health are the conditions in which people are born, grow up, live, work, and age. These determinants will affect their opportunities to be healthy, their risks to develop illnesses, suffer injuries and their life expectancy.



Social Determinants of Health

- Poverty, social exclusion and discrimination are key factors in explaining poorer levels of health between groups and communities. Unemployment, low education, low literacy levels more often lead to poor mental health and physical health. Poor health prevents people from being economically active, evidence that being unemployed or having financial difficulties increase the likely hood to be living in poverty and exposure to environmental hazards. People from lower socioeconomic groups are disproportionately more affected by environmental tobacco smoke, biological and chemical contamination, air pollution, sanitation and water scarcity, sewage overflows/back-ups, noise, road traffic, occupational injuries and workplace stress. Unsuitable/unstable housing, homelessness, multiple generations sharing living quarters, hunger, food instability, violence, trauma, domestic violence and intimate partner violence are too on the list of social determinants of health.



Adults Diagnosed with HIV

- Not all persons living with HIV are diagnosed! Not all adults diagnosed are engaged in care. Not all adults diagnosed and engaged in care are virally suppressed or undetectable. These groups of adults account for about 63% of new HIV diagnosis per year. Social determinants of health have to be addressed at their root causes to lower these numbers as we continue to work to end the epidemic.
- Older adults living with HIV are 50 years old and older. More than 50% of persons living with HIV are over the age of 50 and that percentage will continue to climb to more than 70% before 2030. As those of us age with HIV, new emphasis needs to be placed on thorough sexual health screening, mental health, especially depression, substance use disorders especially alcohol which is readily available and legal in lower socioeconomic communities. Depression is a common co-morbidity in older patients which increases risk taking behavior which compounds the difficulty in diagnosis screening. Older adults should be offered HIV, HEP C and STI testing at their visits. Older adults found to be HIV negative should be strongly considered as appropriate candidates for PrEP.





Adults diagnosed with HIV

- Older adults diagnosed with HIV are more likely to have been exposed to trauma and living with multiple stressors. Living on Social Security or other fixed income, food insecurity, living in a food desert and not have reliable means of transportation (includes public transportation, Mobility or Para Transit), isolation and loneliness, isolation, vulnerability to violence and fear, diminishing functional capacity and neurocognitive deficits independent of HIV. Many adults with HIV are long term survivors. Long Term Survivor Syndrome is a real diagnosis. Survivor guilt, remembering the wounds of stigma from family, friends, and society, self stigma and pill fatigue.



HIV and Aging

- ▶ We are still here! Very few people expected us to survive long enough to experience the aging process. Treatment for those of us aging needs to include Gerontology screenings. We will need frailty and functional assessments, cancer screenings especially for non HIV related cancers. Cognitive evaluations on a regular basis. Polypharmacy assessments, nutrition evaluations, good regular oral health care and assessments to prevent falls and fractures. We need to affirm and incorporate status neutral approaches to the Treatment and Care Continuums and Education. Workforce Development and Integrated treatment approaches need to be status neutral, gender neutral, sexual identity neutral and holistic. We must demand that funding and resources are in place to address the social determinates of health at the root cause. Home Healthcare, Rehabilitation Facilities, Assisted Living, Day Care Facilities, Nursing Homes need to be trained how to give us holistic compassionate equal care as anyone else living with a chronic disease.
Everybody has an HIV Status! An HIV Test determines the Continuum of Care to follow! Undetectable = Untransmittable! This is a Stigma Buster Campaign! PrEP a biomedical intervention to prevent HIV and widespread condom and other safer sex barriers across the age span will END The EPIDEMIC

U=U | Undetectable =
Untransmittable



HIV TREATMENT WORKS TO STOP THE SPREAD OF HIV.

HOW? PEOPLE WHO HAVE HIV AND:

- stay on their treatment plan, and
- see their provider regularly, and
- maintain an undetectable viral load

can't pass HIV on to sex partners. (The virus is untransmittable.)

WHAT DOES UNDETECTABLE MEAN?

Undetectable means the amount of HIV virus in a person's bloodstream is so low it can't be counted in a blood test, called a viral load test. **The goal of HIV treatment is to reduce the amount of HIV virus so that it is UNDETECTABLE.** Not only does this keep the person with HIV healthier and stronger, but it also means the person cannot pass HIV to another person through sex.

DETECTABLE

Without treatment, HIV can be counted in a viral load test.

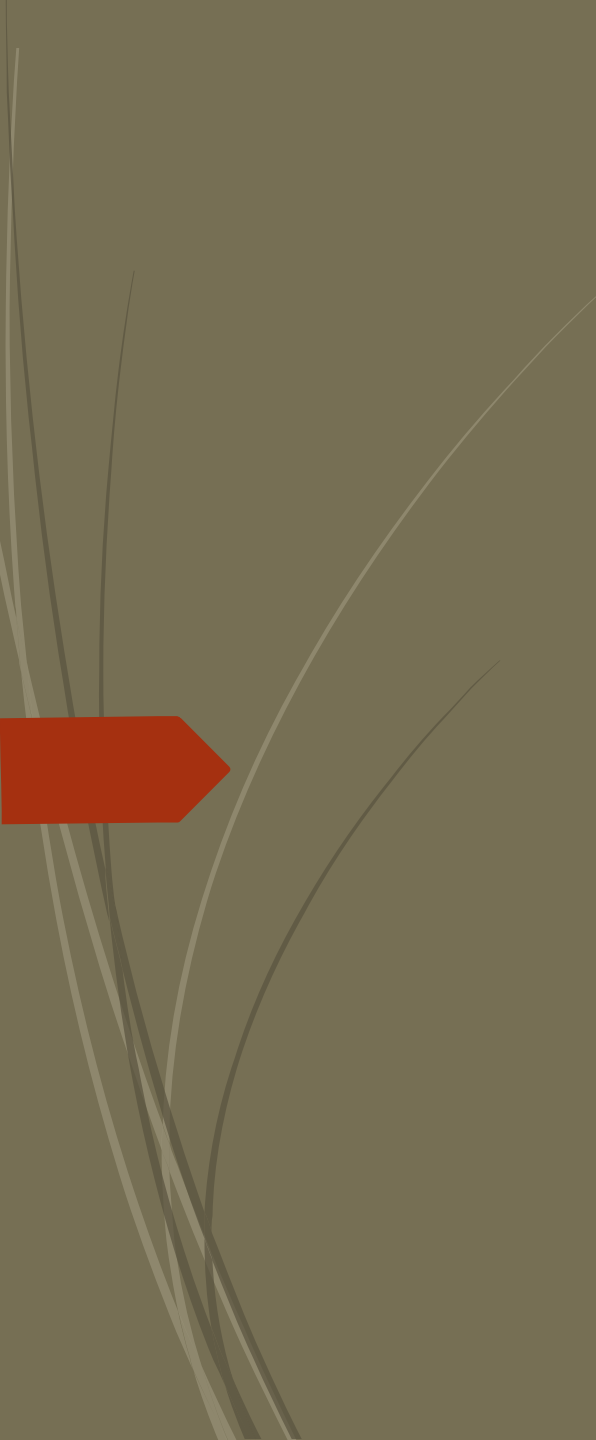


**EFFECTIVE
TREATMENT +
MONITORING +
6 MONTHS**

UNDETECTABLE

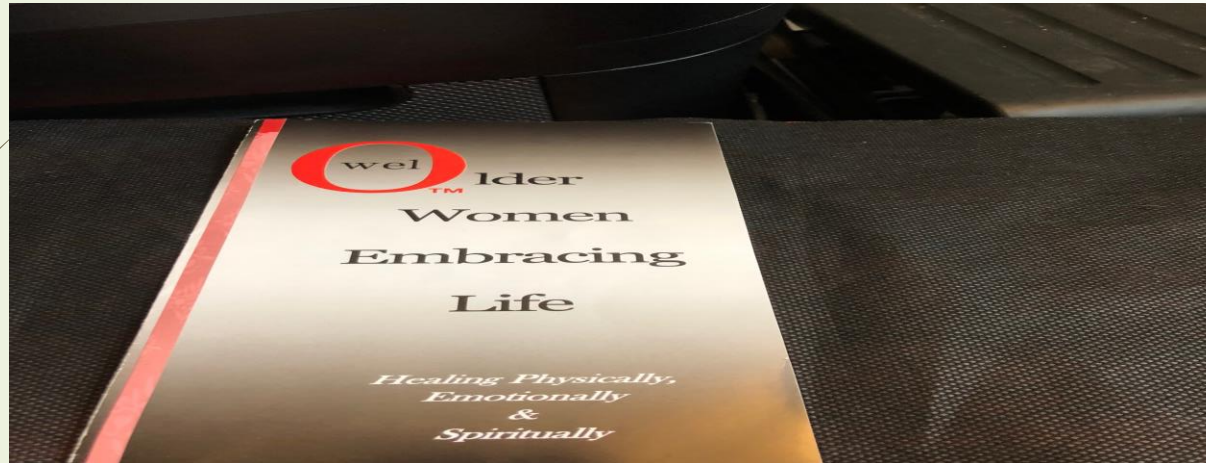
The amount of HIV is so low it can't be counted in a viral load test.





We must live the changes
we want to see in the
world

GHANDI



Melanie Reese, Executive Director, Older Women Embracing Life

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